MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/465 3X8

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							60						
11							61						
12							62						
13							63						
14							64						
16							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27	/						77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
36							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
46							95						
46							96						
47							97						
48							98						
49							99						
60							100						
TOTAL INO.	2						TOTAL INO.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL	38						TOTAL						